

or syphilis, of psoriasis, and in many instances, of chronic eczema, before we suppose an idiopathic keratoma. No question that it is very often difficult to differentiate between these conditions, but history, clinical appearance and the course of the disease will finally reveal the correct diagnosis. Dr. Garceau surely has gone the right way to give a mercurial treatment, especially in applying injections. Just these keratoma-like forms of late syphilis are generally very resistant and need an effective treatment; on the other hand, injections are not only the most accurate, but the most efficient way to apply mercury. I have no experience with the new solution praised by Dr. Garceau, but it seems to me that the combination with iodine should rather be more painful than other mercury injections, because all iodine injections are well known as producing pains. Of course it depends to a large degree upon a proper technic to avoid pains and trouble.

Dr. A. Garceau, San Francisco: The cases which I have reported, present few, or, I might say, none of the manifestations of psoriasis or eczema, and as the photographs show, a typical picture of unmistakable *keratodermiae symmetricae*. The quick response to mercurial injections of one of the cases leaves no doubt of causation.

In the first class of Besnier belong the cases I have presented. One of acquired syphilis and also probably inherited, and the other is a latent manifestation of syphilis alone. The use of soziodolate of mercury in late manifestations of syphilis, I prefer to all other salts, because it is slowly absorbed and meets with quick response. In my hands and with the correct technic I have looked upon it as superior to any other mercurial injections that I have ever used, and I think I have tried them all. A look at the formula will convince you that it is the ideal mercuric preparation of the present day, and I have found it in all my cases all that I have claimed for it in this paper, safe, almost painless and producing quick results. There is an individualism in the treatment of syphilis which one must not overlook, and one which requires study and care in the selection of remedies at different stages of the disease. Experience with this salt and its results have given me full confidence of its great merit. It must be properly prepared as I have mentioned, and properly administered as I have advised, to meet with the approval of others.

A CASE OF POISONING FROM *CEANOTHUS VELUTINUS*, RESEMBLING RHUS POISONING.*

By R. F. ROONEY, M. D., Auburn.

Ceanothus velutinus Douglas. This shrub is distributed from the Columbia river to Central California, Nevada, Colorado and the Dakotas. The typical form is a large shrub with twigs from olive to brown, leaves ample, 3 nerved, broadly elliptical with somewhat cordate base to the lateral nerves, thence cuneate, very obtuse, dark green, glabrous, and usually heavily varnished above, minutely canescent beneath, 2 to 3 inches long, obtuse, the margin closely dentate-serrate; peduncles somewhat angled, minutely and rather sparsely puberulent; inflorescence ample, compound; flowers white; capsules subglobose, deeply lobed at the top, smooth or minutely roughened, nearly crestless. The whole plant is strongly aromatic scented. Family, Rhamnaceae, or Buckhorn.

The variety *laevigatus* is the one most common to California and Southern Oregon. It becomes a small tree, with smooth leaves, lighter in color on the lower surface; inflorescence more ample and compound; capsules globose, larger, less lobed, smoother, somewhat crested. It is known in some localities as "Honey-dew," on account of the varnished ap-

pearance of the leaves; in others as "Buck-brush" or "Snow-brush." (This description was kindly furnished me by Miss Alice Eastwood of the California Academy of Sciences.)

This is a common shrub throughout the mountains of Northern California and Southern Oregon, and in places constitutes nearly the sole vegetation, covering acres of mountainside. It seems to thrive best at an elevation of 2,000 to 5,000 feet, and attains a luxurious growth at the latter altitude. In the Klamath Forest Reservation, where the following case was noted, it is everywhere plentiful, and forms almost impenetrable thickets acres in extent. It is not at all an attractive looking shrub, save for the distinction of its brightly varnished leaves.

The following observations were made in the latter part of August and the first days of September, 1904, while the writer was enjoying an outing in the mountains of Southern Oregon, on the shore of Klamath lake. The case here reported resembled one of violent *Rhus* poisoning, but that plant is never seen there, while "Honeydew" is everywhere present. This shrub is considered innocuous by the inhabitants of the localities in which it grows, and after inquiries in many directions, including the office of investigation of poisonous plants in the Department of Agriculture at Washington, and finding no similar case recorded, I felt warranted in presenting these notes to this society.

The violence of the symptoms, and the extensive areas of the body involved, exceeded those of any case of *Rhus* poisoning coming under my notice in many years' experience with the latter affection.

History: Male; white; born in England; age, 42 years; red-brown hair, and fair complexion; married, and father of 3 healthy children. Occupation, farmer, stage driver, and keeper of a resort for sportsmen, the latter being his present occupation. Has always been a very healthy and robust man. Never had any sexual or skin disease, nor any other ailment excepting scarlet fever, measles and whooping cough, which he had in childhood. During the past 3 summers, while driving a stage over the Cascade mountains, has had several attacks similar to the present one, but none so severe. Is certain that driving through a country covered more or less thickly with the plant in question, was the cause of all his previous attacks. The present one is attributed by him to driving a cow and calf through the forest, a distance of 5 miles, 6 days previously, and becoming very much heated in pursuit of the perverse animals, who led him through many thickets of the plant he had learned to dread.

Status Praesens: Pulse, 90; temperature, 102.5°; respiration, 20; tongue thickly coated with a white fur; nausea and complete anorexia; severe headache; constipation; great restlessness; feeling of great prostration, probably due to loss of sleep caused by the intolerable burning and itching of the affected areas. The face and neck, the front of the body down to a line midway between the umbilicus and pubes, the hands and forearms, and the legs from the ankles to the knees, were of a deep vivid red, and those parts were much thickened and swollen into rugosities. Close inspection showed a fine vesication, resembling that seen in *Rhus* poisoning, but no exudation, saving where his fingernails had been at work. The features were much distorted by the swelling, and the eyes almost completely closed. There was considerable delirium at night, and more or less during the day.

Being 45 miles from a drug store, and having no suitable remedies at hand, I gave him a hypodermic injection of morphine, and a saline cathartic which I had with me, and ordered the constant application of cloths moistened in a solution of bicarbonate of soda, such as could be procured from the culinary department of the establishment. This relieved the acute suffering, and procured sleep, and for the following 10 days the patient slowly improved, and the skin began to peel off in scales and flakes, accompanied with constant itching and discomfort. At this period, the drainage from the kitchen having become deranged, he went out and assumed direction of repairs, and went into the forest to procure some suitable timbers, where he again came in contact with the cause of his malady, and when I left the locality, 3 days later, he was in bed with a fresh attack, confined to the exposed parts of the body.

There could be no question but the acute dermatitis was caused by this hitherto-considered innocuous shrub. It was probably the pollen of the plant that produced the dermatitis in this man, as it was the exposed surfaces that were affected. In the first instance, while chasing through the brush after the calf, and becoming greatly heated by his exertions,

*Read at the Thirty-fifth Annual Meeting of the State Society, Riverside, April, 1905.

he opened his garments at the neck, and gave access to the body, and the pollen lodging upon the moist skin had a large and suitable field for action. I found many specimens of the shrub still in bloom when I left the locality on September 4th, although the plant had seeded in the majority of cases.

STATE EXAMINATIONS, JULY AND AUGUST.

The following figures give the results of the examinations held by the State Board of Medical Examiners in Los Angeles and San Francisco in July, and in San Francisco in August, and they are rather worth study. It will be seen that the percentage of rejections is decidedly higher than heretofore, and that the standards of the board are being raised. Even yet our standards are far below many of the Eastern states, notably New York and New Jersey, and are not even up to the standards of the Confederation of State Licensing Boards. At the August meeting the minimum was raised from 50% to 60% (the minimum of the Confederation is 70%, and of the New York board it is 75%), and any candidate failing to get this mark in any single subject is rejected, no matter what his general average may be. The records seem to show decided weakness in medicine and in therapeutics, and the August examination disclosed a lamentable ignorance of obstetrics. This particular subject has been referred to elsewhere in the JOURNAL, and in this connection it may be said that the general average of the 42 papers was about 55%, and that the highest mark was something like 62%.

July Examinations.

PASSED.

Cooper Med. Coll., Calif., '05—80%, 75, 84%, 79%, 80%, 77%, 76%, 84%, 75, 77%, 81%, 77%, 76%, 79%, 75%, 85%, 77%, 77%, 75.
University of California, '05—84%, 83%, 77%, 80%, 75.
University of Southern California, '05—79%, 77%, 79%, 81%, 78%, 80%, 79%, 75, 79%, 79%.
Coll. P. & S., Ill., '02—75%.
Cornell Univ., N. Y., '05—80%.
Johns Hopkins, Md., '05—82%, 79%.
Med. Coll. of Indiana, '98—79%, 75.
Univ. & Bell. Hosp. Med. Coll., N. Y., '96.*
Northwestern Univ. Ill., '05—76%.
Rush Med. Coll., Ill., '01—78%, '03—83%, '04—82, 76.
Univ. Minn., '02—75.

FAILED.

Coll. of P. & S., Los Angeles, Calif., '05—66%, 69%, 70%, 77%.†
Coll. of P. & S., San Francisco, Calif., '05—69%, 72%.
Cooper Med. Coll., Calif., '05—58%, 71, 64%, 18%.
Hahnemann Med. Coll., Calif., '87—19%, '01—61%, 73%.
University of Calif., '05—71%, 72%, 67.
University of Southern Calif., '02—65%, '05—69%, 72%, 67%, 69%, 71%, 70%, 63%, 19%, 69%.
Am. Coll. of M. & S., Ill., '05—56%.
Chicago Med. Coll., Ill., '80—61%.
Cleveland Med. Coll., Ohio, 95—60%.
Coll. of P. & S., Ill., '03—71%.
Coll. of P. & S., Md., '04—74.
Columbus Med. Coll. Ohio, '91—50%.
Dartmouth Med. Coll., N. H., '00—19%.
Denver & Gross Coll. of Med., Colo., '03—52%, '05—72%.
Harvard Univ., Mass., '00—72%.
Kansas City Med. Coll., Mo., '94—55.
Marion-Simms-Beaumont Coll. of Med., Mo., '97—65%.
Med. Coll. of Indiana, '03—61%.
Missouri Med. Coll., Mo., '96—56%, '87—64%, '98—61%.
Missouri Med. Coll., Mo., '77, and
Bell Hosp. Med. Coll., N. Y., '80—67%.
Northwestern Univ., Ill., '99—66%.
Rush Med. Coll., Ill., '89—64%, '01—67%.
Tulane Univ., La., '05—65%.
Univ. of Louisville, Ky., '82—51%.

* Second examination, in one subject only, to remove a condition.
† Did not receive 50%, the minimum in one subject.

Univ. of Maryland, '04—73%.
Univ. of Michigan, '81—72%, '89—59%.
Univ. of New York, '84—72.
Univ. of Penn., '99—76%.
Washington Univ., Mo., '03—74.

PERCENTAGES.

Of 101 applicants permitted to take the examination 54 failed and 47 passed, giving 53.4 % failures and 46.5 % passed. The figures for the California schools are as follows:

Cooper Medical Coll., passed 19; failed 4; passed 82.6 %.
Coll. of P. & S., Los Angeles, 6 failed; failed 100 %.
Hahnemann Med. Coll., San Francisco, 3 failed; failed 100%.
University of California, passed 5; failed 3; passed 62.5 %.
University of Southern California, passed 10; failed 10; passed 50 %.

August Examinations.

PASSED.

Coll. Phys. & Surgs., S. F. Cal., '05—86%.
Cooper Med. Coll., Cal., '05—78%, 75%.
Hahnemann Med. Coll. of the Pac. Cal., '05—79%, 79, 78%, 77, 76%, 75%, 75.
Univ. of Calif. '05—84%, 80.
Coll. of Phys. & Surgs., Ind., '04—75.
Johns Hopkins Univ. Med. Dept. Md., '05—83%.
Mich. Coll. of Med. & Surg., Mich. '94—75.
Northwestern Univ. Med. School, Ill., '05—76%.
Society of Apothecaries, Eng. '89—77%.
Trinity Univ. Canada, '97—88%.
Univ. of Mich. Med. Dept. Mich. '84—83%.
Univ. of Mo., Med. Dept. Mo., '05—75%.

FAILED.

Coll. Phys. & Surgs. S. F., Cal., '04—73; '05—73, 70%, '04—69%, '05—65%.
Hahnemann Med. Coll. of the Pac. Cal., '05—69%.
Univ. of Southern Calif., '05—72%, '04—67%.
Chicago Homeopathic Med. Coll., Ill., '94—72%.
Coll. of Med., Univ. of Nebr., '05—64%.
Coll. Phys. & Surgs. Ill., '05—73.
Drake Univ. Coll. of Med., Iowa, '04—69%.
Hering Med. Coll. & Hosp., Ill. '93—63%.
Jefferson Med. Coll., Pa., '05—66%, '92—63%.
Jenner Med. Coll., Chicago, Ill., '00—68.
McGill Univ. Med. Dept., Canada, '01—70%.
Queen's Univ., Canada, '88—62%.
Rush Med. Coll., Ill., '82—71%.
Univ. of Mich., '88—63%, '83—59%.
Univ. of City of N. Y., '82—67.

At the August examinations, 42 candidates applied for license, of whom 20 were successful and 22 rejected, giving 47.6 % passed and 52.4 % failed. The California schools showed the following results:

Cooper Medical College, 2 passed, 0 failed; passed 100%.
Coll. of P. & S., San Francisco, 1 passed, 5 failed; passed 16.7%.
Hahnemann Med. Coll., 7 passed, 1 failed; passed, 87.5%.
University of California, 2 passed, 0 failed; passed 100%.
University of Southern Calif., 0 passed, 2 failed; failed 100%.

Publication Committee on Advertising.

At its last meeting the Publication Committee decided to accept all future advertising contracts subject to the action of the Council on Pharmacy and Chemistry of the American Medical Association. The advertising pages of the JOURNAL, as at present, will also be submitted to the Council as soon as possible, and the opinion of the Council as to the propriety of publishing the advertisements now running will be requested.

Dr. Oscar N. Taylor of San Francisco left on August 20th to spend a year in medical study in Boston, Vienna and London.